PHA Plans

5 Year Plan for Fiscal Years 2001 - 2005 Annual Plan for Fiscal Year 2001

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

PHA Plan Agency Identification

| PHA Name: Housing Authority of the City of Pompano Beach | | | | | |
|---|--|--|--|--|--|
| PHA Number: FL028 | | | | | |
| PHA Fiscal Year Beginning: (mm/yyyy) 01/01 | | | | | |
| Public Access to Information | | | | | |
| Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply) X Main administrative office of the PHA PHA development management offices PHA local offices | | | | | |
| Display Locations For PHA Plans and Supporting Documents | | | | | |
| The PHA Plans (including attachments) are available for public inspection at: (select all that apply) X | | | | | |
| PHA Plan Supporting Documents are available for inspection at: (select all that apply) X Main business office of the PHA PHA development management offices Other (list below) | | | | | |

5-YEAR PLAN PHA FISCAL YEARS 2000 - 2004

[24 CFR Part 903.5]

| | <u> Iission</u> |
|--|--|
| | ne PHA's mission for serving the needs of low-income, very low income, and extremely low-income in the PHA's jurisdiction. (select one of the choices below) |
| | The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination. |
| х В. G | The PHA's mission is: (state mission here) The aim of the Housing Authority of the City of Pompano Beach is to ensure safe, decent, and affordable housing; create opportunities for residents' self-sufficiency and economic independence; and assure fiscal integrity in all programs administered. |
| The government of the governme | als and objectives listed below are derived from HUD's strategic Goals and Objectives and those sized in recent legislation. PHAs may select any of these goals and objectives as their own, or other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF ESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS. ifiable measures would include targets such as: numbers of families served or PHAS scores ed.) PHAs should identify these measures in the spaces to the right of or below the stated objectives. |
| HUD housi | Strategic Goal: Increase the availability of decent, safe, and affordable ng. |
| X | PHA Goal: Expand the supply of assisted housing Objectives: X |
| X | PHA Goal: Improve the quality of assisted housing Objectives: X |

| | X \[\] | Renovate or modernize public housing units: Demolish or dispose of obsolete public housing: Provide replacement public housing: Provide replacement vouchers: Other: (list below) |
|-------------|-------------------------------------|---|
| X | PHA C Object X X X — | Goal: Increase assisted housing choices ives: Provide voucher mobility counseling: Conduct outreach efforts to potential voucher landlords Increase voucher payment standards Implement voucher homeownership program: Implement public housing or other homeownership programs: Implement public housing site-based waiting lists: Convert public housing to vouchers: Other: (list below) |
| HUD S | Strategi | ic Goal: Improve community quality of life and economic vitality |
| X | PHA C Object X X X | Goal: Provide an improved living environment ives: Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: Implement public housing security improvements: Designate developments or buildings for particular resident groups (elderly, persons with disabilities) Other: (list below) |
| | Strategi dividua | ic Goal: Promote self-sufficiency and asset development of families |
| X househ | | Goal: Promote self-sufficiency and asset development of assisted ives: Increase the number and percentage of employed persons in assisted families: Provide or attract supportive services to improve assistance recipients' employability: |

| | X | Provide or attract supportive services to increase independence for the elderly or families with disabilities. Other: (list below) |
|-------|---------|---|
| HUD | Strateg | gic Goal: Ensure Equal Opportunity in Housing for all Americans |
| X | | Goal: Ensure equal opportunity and affirmatively further fair housing |
| | Objec | tives: |
| | X | Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: |
| | X | Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability: |
| | X | Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: |
| | | Other: (list below) |
| Othei | r PHA (| Goals and Ohiectives: (list below) |

Other PHA Goals and Objectives: (list below)

Annual PHA Plan PHA Fiscal Year 2000

[24 CFR Part 903.7]

| i. Annual Plan Type: | | | | |
|---|--|--|--|--|
| Select which type of Annual Plan the PHA will submit. | | | | |
| Standard Plan | | | | |
| Streamlined Plan: | | | | |
| X High Performing PHA | | | | |
| Small Agency (<250 Public Housing Units) | | | | |
| Administering Section 8 Only | | | | |
| ☐ Troubled Agency Plan | | | | |
| ii. Executive Summary of the Annual PHA Plan | | | | |
| [24 CFR Part 903.7 9 (r)] | | | | |
| Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and | | | | |
| discretionary policies the PHA has included in the Annual Plan. | | | | |

<u>iii. Annual Plan Table of Contents</u> [24 CFR Part 903.7 9 (r)]

PHA Plan text)

Other (List below, providing each attachment name)

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

Table of Contents

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| | executive Summary | N/A |
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| Attac | hments | |
| the spa | te which attachments are provided by selecting all that apply. Provide the attachment's name (A, ace to the left of the name of the attachment. Note: If the attachment is provided as a SEPARA 's ssion from the PHA Plans file, provide the file name in parentheses in the space to the right of the | TE file |
| Regu | ired Attachments: | |
| X | Admissions Policy for Deconcentration | |
| X | FY 2000 Capital Fund Program Annual Statement | |
| | Most recent board-approved operating budget (Required Attachment for PHAs | that are |
| Ш | troubled or at risk of being designated troubled ONLY) | s that are |
| C | Optional Attachments: | |
| | PHA Management Organizational Chart | |
| | FY 2000 Capital Fund Program 5 Year Action Plan | |
| X | | |

Comments of Resident Advisory Board or Boards (must be attached if not included in

Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

| List of Supporting Documents Available for Review | | | | | |
|---|--|--|--|--|--|
| Applicable & On Display | Supporting Document | Applicable Plan Component | | | |
| <u> </u> | PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations | 5 Year and Annual Plans | | | |
| ✓ | State/Local Government Certification of Consistency with the Consolidated Plan | 5 Year and Annual Plans | | | |
| √ | Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement. | 5 Year and Annual Plans | | | |
| √ | Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction | Annual Plan: Housing Needs | | | |
| ✓ | Most recent board-approved operating budget for the public housing program | Annual Plan: Financial Resources; | | | |
| ✓ | Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP] | Annual Plan: Eligibility, Selection, and Admissions Policies | | | |
| ✓ | Section 8 Administrative Plan | Annual Plan: Eligibility, Selection, and Admissions Policies | | | |
| √ | Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 Quality Housing and Work Responsibility Act Initial Guidance; Notice and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis | Annual Plan: Eligibility, Selection, and Admissions Policies | | | |
| √ | Public housing rent determination policies, including the methodology for setting public housing flat rents X check here if included in the public housing A & O Policy | Annual Plan: Rent Determination | | | |
| √ | Schedule of flat rents offered at each public housing development X check here if included in the public housing | Annual Plan: Rent Determination | | | |

| List of Supporting Documents Available for Review | | | | | |
|---|---|---|--|--|--|
| Applicable | Supporting Document | Applicable Plan | | | |
| & | | Component | | | |
| On Display | | | | | |
| | A & O Policy | 1.51 | | | |
| ✓ | Section 8 rent determination (payment standard) policies | Annual Plan: Rent | | | |
| | X check here if included in Section 8 | Determination | | | |
| | Administrative Plan | 1.00 | | | |
| ✓ | Public housing management and maintenance policy | Annual Plan: Operations and Maintenance | | | |
| | documents, including policies for the prevention or eradication of pest infestation (including cockroach | and Maintenance | | | |
| | infestation) | | | | |
| ✓ | Public housing grievance procedures | Annual Plan: Grievance | | | |
| | X check here if included in the public housing | Procedures | | | |
| | A & O Policy | | | | |
| ✓ | Section 8 informal review and hearing procedures | Annual Plan: Grievance | | | |
| | X check here if included in Section 8 | Procedures | | | |
| | Administrative Plan | | | | |
| | The HUD-approved Capital Fund/Comprehensive Grant | Annual Plan: Capital Needs | | | |
| | Program Annual Statement (HUD 52837) for the active grant | | | | |
| | year | | | | |
| | Most recent CIAP Budget/Progress Report (HUD 52825) for | Annual Plan: Capital Needs | | | |
| | any active CIAP grant | | | | |
| | Most recent, approved 5 Year Action Plan for the Capital | Annual Plan: Capital Needs | | | |
| | Fund/Comprehensive Grant Program, if not included as an | | | | |
| | attachment (provided at PHA option) | Assessed Diagram Constant No. 4 | | | |
| | Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any | Annual Plan: Capital Needs | | | |
| | other approved proposal for development of public housing | | | | |
| | Approved or submitted applications for demolition and/or | Annual Plan: Demolition | | | |
| | disposition of public housing | and Disposition | | | |
| | Approved or submitted applications for designation of public | Annual Plan: Designation of | | | |
| | housing (Designated Housing Plans) | Public Housing | | | |
| | Approved or submitted assessments of reasonable | Annual Plan: Conversion of | | | |
| | revitalization of public housing and approved or submitted | Public Housing | | | |
| | conversion plans prepared pursuant to section 202 of the | | | | |
| | 1996 HUD Appropriations Act | 4 170 | | | |
| | Approved or submitted public housing homeownership | Annual Plan: | | | |
| | programs/plans Policies governing any Section 8 Homeownership program | Homeownership Annual Plan: | | | |
| | | Homeownership | | | |
| | check here if included in the Section 8 Administrative Plan | Tromcownership | | | |
| | Administrative Plan Any cooperative agreement between the PHA and the TANF | Annual Plan: Community | | | |
| | agency | Service & Self-Sufficiency | | | |
| | FSS Action Plan/s for public housing and/or Section 8 | Annual Plan: Community | | | |
| | 222 12200 1 min 5 101 paone nousing und of beeton 0 | Service & Self-Sufficiency | | | |
| | Most recent self-sufficiency (ED/SS, TOP or ROSS or other | Annual Plan: Community | | | |
| | resident services grant) grant program reports | Service & Self-Sufficiency | | | |
| ✓ | The most recent Public Housing Drug Elimination Program | Annual Plan: Safety and | | | |
| | (PHEDEP) semi-annual performance report for any open | Crime Prevention | | | |
| | grant and most recently submitted PHDEP application | | | | |

| List of Supporting Documents Available for Review | | | | | | | | |
|---|--|---------------------------|--|--|--|--|--|--|
| Applicable | ole Supporting Document Applicable Plan | | | | | | | |
| & | | Component | | | | | | |
| On Display | | | | | | | | |
| | (PHDEP Plan) | | | | | | | |
| ✓ | The most recent fiscal year audit of the PHA conducted | Annual Plan: Annual Audit | | | | | | |
| | under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. | | | | | | | |
| | S.C. 1437c(h)), the results of that audit and the PHA's | | | | | | | |
| | response to any findings | | | | | | | |
| | Troubled PHAs: MOA/Recovery Plan | Troubled PHAs | | | | | | |
| | Other supporting documents (optional) | (specify as needed) | | | | | | |
| | (list individually; use as many lines as necessary) | | | | | | | |
| | | | | | | | | |

1. Statement of Housing Needs [24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

| Housing Needs of Families in the Jurisdiction | | | | | | | |
|---|----------------|--------------------|--------|---------|--------------------|------|---------------|
| | by Family Type | | | | | | |
| Family Type | Overall | Afford- ability | Supply | Quality | Access- ibility | Size | Loca- tion |
| Income <= 30% of AMI | 451 | 3 | 4 | 3 | 3 | 3 | 3 |
| Income >30% but <=50% of AMI | 157 | 3 | 4 | 3 | 3 | 3 | 3 |
| Income >50% but <80% of AMI | 75 | 2 | 3 | 3 | 3 | 3 | 3 |
| Elderly | 90 | 3 | 4 | 3 | 3 | 3 | 3 |
| Families with Disabilities | 80 | 3 | 4 | 3 | 3 | 3 | 3 |
| Race/Ethnicity B | 617 | 3 | 4 | 3 | 3 | 3 | 3 |
| Race/Ethnicity W | 66 | 3 | 4 | 3 | 3 | 3 | 3 |
| Race/Ethnicity O | 0 | 3 | 4 | 3 | 3 | 3 | 3 |
| Race/Ethnicity | | | | | | | |

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

| X | Consolidated Plan of the Jurisdiction/s |
|---|---|
| | Indicate year: 1998 |
| | U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset |
| | American Housing Survey data |
| | Indicate year: |
| | Other housing market study |
| | Indicate year: |
| | Other sources: (list and indicate year of information) |

B. Housing Needs of Families on the Public Housing and Section 8 Tenant-Based Assistance Waiting Lists

Statche housing needs of the families on the PHA's waiting list/s . Complete one table for each type of PHA-wide waiting list administered by the PHA. PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

| Housing Needs of Families on the Waiting List | | | | | | | | |
|--|---|---------------------|-----------------|--|--|--|--|--|
| Waiting list type: (select one) | | | | | | | | |
| X Section 8 tenant-based assistance | | | | | | | | |
| Public Housing | | | | | | | | |
| 1 == - | ion 8 and Public Housi | ng | | | | | | |
| l <u> </u> | Public Housing Site-Based or sub-jurisdictional waiting list (optional) | | | | | | | |
| If used, identify which development/subjurisdiction: | | | | | | | | |
| | # of families | % of total families | Annual Turnover | | | | | |
| | | | | | | | | |
| Waiting list total | 356 | | 16 | | | | | |
| Extremely low | 217 | 61% | | | | | | |
| income <=30% | | | | | | | | |
| AMI | | | | | | | | |
| Very low income | 96 | 27% | | | | | | |
| (>30% but <=50% | | | | | | | | |
| AMI) | | | | | | | | |
| Low income | 43 | 12% | | | | | | |
| (>50% but <80% | | | | | | | | |
| AMI) | | | | | | | | |
| Families with | 291 | 82% | | | | | | |
| children | | | | | | | | |
| Elderly families | 12 | 4% | | | | | | |
| Families with | 45 | 14% | | | | | | |
| Disabilities | | | | | | | | |
| Race/ethnicity-B | 303 | 85% | | | | | | |
| Race/ethnicity-W | 53 | 15% | | | | | | |
| Race/ethnicity-O | 0 | 0% | | | | | | |
| Race/ethnicity | | | | | | | | |
| CI 1 | | <u> </u> | | | | | | |
| Characteristics by | | | | | | | | |
| Bedroom Size | | | | | | | | |
| _ | (Public Housing | | | | | | | |
| Only) | 66 | 100/ | | | | | | |
| 1BR | 66 218 | 19% | | | | | | |
| 2 BR | | 61% | | | | | | |
| 3 BR | 58 | 16% | | | | | | |
| 4 BR | 13 | 4% | | | | | | |
| 5 BR | 0 | 0% | | | | | | |
| 5+ BR | 0 | 0% | | | | | | |

| Housing Needs of Families on the Weiting List | |
|--|----------|
| Housing Needs of Families on the Waiting List | |
| Is the waiting list closed (select one)? No X Yes | |
| If yes: How long has it been closed (# of months)? 36 Months | |
| Does the PHA expect to reopen the list in the PHA Plan year? | lo X Yes |
| Does the PHA permit specific categories of families onto the waiting | |
| generally closed? No X Yes | , |
| | |
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Housing Needs of Families on the Waiting List

| Housing Needs of Families on the Waiting List | | | |
|---|------------------------|---------------------------|-----------------|
| Waiting list type: (sele | | 8 | |
| Section 8 tenant-based assistance | | | |
| X Public Housing | | | |
| Combined Sect | ion 8 and Public Housi | ing | |
| Public Housing | Site-Based or sub-juri | sdictional waiting list (| (optional) |
| If used, identif | fy which development/s | subjurisdiction: | |
| | # of families | % of total families | Annual Turnover |
| | | | |
| Waiting list total | 327 | | 23 |
| Extremely low | 234 | 72% | |
| income <=30% | | | |
| AMI | | | |
| Very low income | 61 | 19% | |
| (>30% but <=50% | | | |
| AMI) | | | |
| Low income | 32 | 09% | |
| (>50% but <80% | | | |
| AMI) | | | |
| Families with | 214 | 65% | |
| children | | | |
| Elderly families | 78 | 24% | |
| Families with | 35 | 11% | |
| Disabilities | | | |
| Race/ethnicity-B | 314 | 96% | |
| Race/ethnicity-W | 13 | 4% | |
| Race/ethnicity-O | 0 | 0% | |
| Race/ethnicity | | | |
| | T | 1 | |
| Characteristics by | | | |
| Bedroom Size | | | |
| (Public Housing | | | |
| Only) | | 200/ | |
| 1BR | 64 | 20% | |
| 2 BR | 124 | 38% | |
| 3 BR | 112 | 34% | |
| 4 BR | 20 | 6% | |
| 5 BR | 7 | 2% | |
| 5+ BR | 0 | 0 | |

| | Housing Needs of Families on the Waiting List |
|------------|--|
| Is the | e waiting list closed (select one)? No X Yes |
| If yes | : |
| | How long has it been closed (# of months)? 15 months |
| | Does the PHA expect to reopen the list in the PHA Plan year? \(\subseteq \text{No } X \text{ Yes} \) |
| | Does the PHA permit specific categories of families onto the waiting list, even if |
| | generally closed? No X Yes |
| | crategy for Addressing Needs |
| | e a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and waiting list IN THE UPCOMING YEAR , and the Agency's reasons for choosing this strategy. |
| (1) Str | rategies_ |
| | : Shortage of affordable housing for all eligible populations |
| | and the state of t |
| Strate | egy 1. Maximize the number of affordable units available to the PHA within its |
| | ent resources by: |
| Select | all that apply |
| 37 | |
| X | Employ effective maintenance and management policies to minimize the number of |
| 3 7 | public housing units off-line |
| X | Reduce turnover time for vacated public housing units |
| X | Reduce time to renovate public housing units |
| | Seek replacement of public housing units lost to the inventory through mixed finance |
| | development |
| | Seek replacement of public housing units lost to the inventory through section 8 |
| X | replacement housing resources Maintain or increase section 8 lease-up rates by establishing payment standards that will |
| Λ | enable families to rent throughout the jurisdiction |
| X | Undertake measures to ensure access to affordable housing among families assisted by |
| Λ | the PHA, regardless of unit size required |
| X | Maintain or increase section 8 lease-up rates by marketing the program to owners, |
| Λ | particularly those outside of areas of minority and poverty concentration |
| X | Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants |
| 4 1 | to increase owner acceptance of program |
| X | Participate in the Consolidated Plan development process to ensure coordination with |
| 4.1 | broader community strategies |
| | Other (list below) |
| | |
| | |

Strategy 2: Increase the number of affordable housing units by:

| Select al | l that apply |
|-----------------|--|
| X mixed X | Apply for additional section 8 units should they become available Leverage affordable housing resources in the community through the creation - finance housing Pursue housing resources other than public housing or Section 8 tenant-based assistance. Other: (list below) |
| Need: | Specific Family Types: Families at or below 30% of median |
| | y 1: Target available assistance to families at or below 30 % of AMI l that apply |
| x x X | Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance Employ admissions preferences aimed at families with economic hardships Adopt rent policies to support and encourage work Other: (list below) |
| Need: | Specific Family Types: Families at or below 50% of median |
| | gy 1: Target available assistance to families at or below 50% of AMI |
| Select al | l that apply |
| X | Employ admissions preferences aimed at families who are working Adopt rent policies to support and encourage work Other: (list below) |
| Need: S | Specific Family Types: The Elderly |
| | gy 1: Target available assistance to the elderly: |
| X | Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available Other: (list below) |
| Need: S | Specific Family Types: Families with Disabilities |
| | gy 1: Target available assistance to Families with Disabilities: |

| □ x X X | Seek designation of public housing for families with disabilities Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing Apply for special-purpose vouchers targeted to families with disabilities, should they become available Affirmatively market to local non-profit agencies that assist families with disabilities Other: (list below) |
|----------------|--|
| Need: S | Specific Family Types: Races or ethnicities with disproportionate housing needs |
| | gy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs: |
| Select if | applicable |
| X | Affirmatively market to races/ethnicities shown to have disproportionate housing needs Other: (list below) |
| Strates | gy 2: Conduct activities to affirmatively further fair housing |
| | ll that apply |
| X X | Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units Market the section 8 program to owners outside of areas of poverty /minority |
| | concentrations Other: (list below) |
| (2) Re | Housing Needs & Strategies: (list needs and strategies below) <u>easons for Selecting Strategies</u> |
| Of the pursue: | factors listed below, select all that influenced the PHA's selection of the strategies it will: |
| X X X | Funding constraints Staffing constraints Limited availability of sites for assisted housing Extent to which particular housing needs are met by other organizations in the community |
| X | Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA |
| X | Influence of the housing market on PHA programs |
| X X | Community priorities regarding housing assistance Results of consultation with local or state government |
| | Results of consultation with residents and the Resident Advisory Board |

| Results of consultation with advocacy groups Other: (list below) |
|--|
| |
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| |

2. Statement of Financial Resources [24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security,

| public housing supportive services, Section 8 tenant-based as | ssistance, Section 8 supportive service services: | ces or other. |
|---|---|---------------|
| | Sources and Uses | |
| Sources | Planned \$ | Planned Uses |
| 1. Federal Grants (FY 2000 grants) | | |
| a) Public Housing Operating Fund | \$ 95,628.00 | |
| b) Public Housing Capital Fund | 237,812.00 | |
| c) HOPE VI Revitalization | | |
| d) HOPE VI Demolition | | |
| e) Annual Contributions for Section 8 Tenant-Based Assistance | | |
| f) Public Housing Drug Elimination Program (including any Technical Assistance funds) | 25,953.00 | |
| g) Resident Opportunity and Self- Sufficiency Grants | | |
| h) Community Development Block Grant | | |
| i) HOME | | |
| Other Federal Grants (list below) | | |
| 2. Prior Year Federal Grants (unobligated funds only) (list below) | | |
| 3. Public Housing Dwelling Rental Income | 222,490.00 | |
| 4. Other income (list below) | | |
| | | |
| 5. Non-federal sources (list below) | | |
| | | |
| Total resources | \$581,883.00 | |
| | | |
| | | |

3. PHA Policies Governing Eligibility, Selection, and Admissions [24 CFR Part 903.7 9 (c)]

A. Public Housing

(1) Eligibility a. When does the PHA verify eligibility for admission to public housing? (select all that apply) When families are within a certain number of being offered a unit: (state number) X When families are within a certain time of being offered a unit: 30 days Other: (describe) b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)? Criminal or Drug-related activity X X Rental history X Housekeeping Other (describe) c. X Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes? d. X Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes? e. Yes X No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source) (2) Waiting List Organization a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply) Community-wide list X Sub-jurisdictional lists Site-based waiting lists Other (describe) b. Where may interested persons apply for admission to public housing? PHA main administrative office X PHA development site management office Other (list below) c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection (3) Assignment 1. How many site-based waiting lists will the PHA operate in the coming year?

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

| 2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)? If yes, how many lists? |
|--|
| 3. Yes No: May families be on more than one list simultaneously If yes, how many lists? |
| 4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)? PHA main administrative office All PHA development management offices Management offices at developments with site-based waiting lists At the development to which they would like to apply Other (list below) |
| (3) Assignment |
| a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one) One X Two Three or More |
| b. X Yes No: Is this policy consistent across all waiting list types? |
| c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA: |
| (4) Admissions Preferences |
| a. Income targeting: X Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income? |
| b. Transfer policies: In what circumstances will transfers take precedence over new admissions? (list below) X Emergencies X Overhoused X Underhoused |

| X X _ | Medical justification Administrative reasons determined by the PHA (e.g., to permit modernization work) Resident choice: (state circumstances below) Other: (list below) |
|--------------|---|
| c. 1. [| Preferences Yes X No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection (5) Occupancy) |
| 2. | Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences) |
| For | mer Federal preferences: Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden (rent is > 50 percent of income) |
| Oth | working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in the jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below) |

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

| | Date and Time |
|---------------|---|
| Forme | r Federal preferences: Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden |
| Other J | Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in the jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below) |
| 4. Rel | ationship of preferences to income targeting requirements: The PHA applies preferences within income tiers Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements |
| (5) Occ | <u>upancy</u> |
| | reference materials can applicants and residents use to obtain information about the rules of occupancy of ic housing (select all that apply) The PHA-resident lease The PHA's Admissions and (Continued) Occupancy policy PHA briefing seminars or written materials Other source (list) |
| b. How apply) | At an annual reexamination and lease renewal Any time family composition (select all that |
| | Atfamily request for revision Other (list) concentration and Income Mixing |

| a. X Y | Yes No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing? |
|----------|---|
| b. 🗌 | Yes X No: Did the PHA adopt any changes to its admissions policies based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing? |
| c. If th | e answer to b was yes, what changes were adopted? (select all that apply) Adoption of site based waiting lists If selected, list targeted developments below: |
| | Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments If selected, list targeted developments below: |
| | Employing new admission preferences at targeted developments If selected, list targeted developments below: |
| | Other (list policies and developments targeted below) |
| d. 🗌 | Yes X No: Did the PHA adopt any changes to other policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing? |
| e. If th | ne answer to d was yes, how would you describe these changes? (select all that apply) |
| | Additional affirmative marketing Actions to improve the marketability of certain developments Adoption or adjustment of ceiling rents for certain developments Adoption of rent incentives to encourage deconcentration of poverty and income-mixing Other (list below) |
| | ed on the results of the required analysis, in which developments will the PHA make efforts to attract or retain higher-income families? (select all that apply) Not applicable: results of analysis did not indicate a need for such efforts List (any applicable) developments below: |

| g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply) X Not applicable: results of analysis did not indicate a need for such efforts List (any applicable) developments below: |
|--|
| B. Section 8 |
| Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates). |
| (1) Eligibility |
| a. What is the extent of screening conducted by the PHA? (select all that apply) X Criminal or drug-related activity only to the extent required by law or regulation Criminal and drug-related activity, more extensively than required by law or regulation More general screening than criminal and drug-related activity (list factors below) Other (list below) |
| b. X Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes? |
| c. X Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes? |
| d. Yes X No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source) |
| e. Indicate what kinds of information you share with prospective landlords? (select all that apply) |
| X Criminal or drug-related activity Other (describe below) |
| (2) Waiting List Organization |
| a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply) X None Federal public housing Federal moderate rehabilitation Federal project-based certificate program Other federal or local program (list below) |

| b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply) X PHA main administrative office Other (list below) |
|---|
| (3) Search Time |
| a. Yes X No: Does the PHA give extensions on standard 60-day period to search for a unit? |
| If yes, state circumstances below: |
| (4) Admissions Preferences |
| a. Income targeting |
| X Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income? |
| b. Preferences 1. Yes X No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent (5) Special purpose section 8 assistance programs) |
| 2. Which of the following admission preferences does the PHA plan to employ in the year? (select all that apply from either former Federal preferences or other preferences) |
| Former Federal preferences Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden (rent is > 50 percent of income) |
| Other preferences (select all that apply) Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in your jurisdiction Those enrolled currently in educational, training, or upward mobility programs |

| Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below) | |
|---|-----|
| 3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolut hierarchy or through a point system), place the same number next to each. That means y can use "1" more than once, "2" more than once, etc. | e |
| Date and Time | |
| Former Federal preferences Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden | |
| Other preferences (select all that apply) Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in your jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below) | |
| 4. Among applicants on the waiting list with equal preference status, how are selected? (select one) Date and time of application Drawing (lottery) or other random choice technique | |
| 5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select on | ıe) |

| ☐ This preference has previously been reviewed and approved by HUD ☐ The PHA requests approval for this preference through this PHA Plan |
|--|
| Relationship of preferences to income targeting requirements: (select one) The PHA applies preferences within income tiers Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements |
| (5) Special Purpose Section 8 Assistance Programs |
| a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply) X The Section 8 Administrative Plan X Briefing sessions and written materials Other (list below) |
| b. How does the PHA announce the availability of any special-purpose section 8 programs to the public? X Through published notices Other (list below) |
| |
| 4. PHA Rent Determination Policies |
| [24 CFR Part 903.7 9 (d)] |
| A. Public Housing |
| Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A. |
| (1) Income Based Rent Policies Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below. |
| a. Use of discretionary policies: (select one) |

| X | The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2)) |
|-----------------|---|
| or | - |
| | The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.) |
| b. Miı | nimum Rent |
| 1. Wha X | at amount best reflects the PHA's minimum rent? (select one) \$0 \$1-\$25 \$26-\$50 |
| 2. X Y | Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? |
| | es to question 2, list these policies below: *Rent Policy Section 507* Interest at less than 30% than adjusted income |
| 1. | Yes X No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income? |
| • | es to above, list the amounts or percentages charged and the circumstances under which ese will be used below: |
| | cich of the discretionary (optional) deductions and/or exclusions policies does the PHA on to employ (select all that apply) For the earned income of a previously unemployed household member For increases in earned income Fixed amount (other than general rent-setting policy) If yes, state amount/s and circumstances below: |
| | Fixed percentage (other than general rent-setting policy) If yes, state percentage/s and circumstances below: |

| | For household heads For other family members For transportation expenses For the non-reimbursed medical expenses of non-disabled or non-elderly families Other (describe below) |
|-------------|---|
| e. (| Ceiling rents |
| 1. | Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one) |
| □ □ X | Yes for all developments Yes but only for some developments No |
| 2. | For which kinds of developments are ceiling rents in place? (select all that apply) |
| | For all developments For all general occupancy developments (not elderly or disabled or elderly only) For specified general occupancy developments For certain parts of developments; e.g., the high-rise portion For certain size units; e.g., larger bedroom sizes Other (list below) |
| 3. | Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply) |
| | Market comparability study Fair market rents (FMR) 95 th percentile rents 75 percent of operating costs 100 percent of operating costs for general occupancy (family) developments Operating costs plus debt service The "rental value" of the unit Other (list below) |

| f. Rent re-determinations: | |
|---|---|
| Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply) Never Atfamily option Any time the family experiences an income increase Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) | |
| Other (list below) | |
| g. Yes X No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year? | |
| (2) Flat Rents | |
| In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.) The section 8 rent reasonableness study of comparable housing Survey of rents listed in local newspaper Survey of similar unassisted units in the neighborhood Other (list/describe below) | |
| B. Section 8 Tenant-Based Assistance | |
| Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. Unless otherwise specified, all questions in this section apply only to the tenant-based section assistance program (vouchers, and until completely merged into the voucher program, certificates). | 8 |
| (1) Payment Standards | |
| Describe the voucher payment standards and policies. | |
| a. What is the PHA's payment standard? (select the category that best describes your standard) At or above 90% but below100% of FMR X 100% of FMR Above 100% but at or below 110% of FMR | |

| | Above 110% of FMR (if HUD approved; describe circumstances below) |
|-------------|--|
| | ne payment standard is lower than FMR, why has the PHA selected this standard? (select hat apply) FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area The PHA has chosen to serve additional families by lowering the payment standard Reflects market or submarket Other (list below) |
| | ne payment standard is higher than FMR, why has the PHA chosen this level? (select all apply) FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area Reflects market or submarket To increase housing options for families Other (list below) |
| d. How X | often are payment standards reevaluated for adequacy? (select one) Annually Other (list below) |
| | at factors will the PHA consider in its assessment of the adequacy of its payment idard? (select all that apply) Success rates of assisted families Rent burdens of assisted families Other (list below) |
| (2) Mi | nimum Rent |
| a. Wha | at amount best reflects the PHA's minimum rent? (select one) \$0 \$1-\$25 \$26-\$50 |
| b. X Y | Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below) *Rent Policy Section 507* |

| 5. Operations and Management [24 CFR Part 903.7 9 (e)] |
|---|
| Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2) |
| A. PHA Management Structure |
| Describe the PHA's management structure and organization. |
| (select one) An organization chart showing the PHA's management structure and organization is attached. |
| A brief description of the management structure and organization of the PHA follows: |
| |
| 2001 Annual & 5-Year Plan Page 31 HUD 50075 OMB Approval No: 2577-0226 |

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

| Program Name | Units or Families | Expected Turnover |
|-------------------------|-----------------------------|----------------------|
| | Served at Year Beginning | Turnover |
| Public Housing | | |
| Section 8 Vouchers | | |
| Section 8 Certificates | | |
| Section 8 Mod Rehab | | |
| Special Purpose Section | | |
| 8 Certificates/Vouchers | | |
| (list individually) | | |
| Public Housing Drug | | |
| Elimination Program | | |
| (PHDEP) | | |
| | | |
| | | |
| Other Federal | | |
| Programs(list | | |
| individually) | | |
| | | |
| | | |

C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

- (1) Public Housing Maintenance and Management: (list below)
- (2) Section 8 Management: (list below)

| | A Grievance Procedures Part 903.7 9 (f)] |
|---|---|
| | ons from component 6: High performing PHAs are not required to complete component 6. Section 8-Only exempt from sub-component 6A. |
| | |
| | Ves X No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents public housing? |
| I | puone nousing. |
| | If yes, list additions to federal requirements below: |
| | |

| 2. Which PHA office should residents or applicants to public housing contact to initiate the PH grievance process? (select all that apply) X PHA main administrative office PHA development management offices Other (list below) | [A |
|--|----|
| B. Section 8 Tenant-Based Assistance 1. Yes X No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982? | |
| If yes, list additions to federal requirements below: | |
| 2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply) X PHA mainadministrative office Other (list below) | |
| 7. Capital Improvement Needs [24 CFR Part 903.7 9 (g)] Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to | |
| Component 8. | J |
| A. Capital Fund Activities | |
| Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed. | |
| (1) Capital Fund Program Annual Statement | |
| Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template OR , at the PHA's option, by completing and attaching a properly |) |

updated HUD-52837.

| Select | one: |
|--------|--|
| | The Capital Fund Program Annual Statement is provided as an attachment to the PHA |
| | Plan at Attachment (state name) |
| -or- | |
| X | The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here) |

PHA Plan Table Library

Component 7 Capital Fund Program Annual Statement Parts I, II, and II

Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number *FL14PO28909-01* FFY of Grant Approval: <u>2001</u> X Original Annual Statement

| Line No. | Summary by Development Account | Total Estimated Cost |
|----------|--|-------------------------|
| 1 | Total Non-CGP Funds | |
| 2 | 1406 Operations | |
| 3 | 1408 Management Improvements | |
| 4 | 1410 Administration | \$5,000.00 |
| 5 | 1411 Audit | 1,000.00 |
| 6 | 1415 Liquidated Damages | |
| 7 | 1430 Fees and Costs | 2,000.00 |
| 8 | 1440 Site Acquisition | |
| 9 | 1450 Site Improvement | 5,000.00 |
| 10 | 1460 Dwelling Structures | 147,880.00 |
| 11 | 1465.1 Dwelling Equipment-Nonexpendable | 43,300.00 |
| 12 | 1470 Nondwelling Structures | 17,000.00 |
| 13 | 1475 Nondwelling Equipment | 5,000.00 |
| 14 | 1485 Demolition | |
| 15 | 1490 Replacement Reserve | |
| 16 | 1492 Moving to Work Demonstration | |
| 17 | 1495.1 Relocation Costs | |
| 18 | 1498 Mod Used for Development | |
| 19 | 1502 Contingency | |
| 20 | Amount of Annual Grant (Sum of lines 2-19) | \$225,880.00 |
| 21 | Amount of line 20 Related to LBP Activities | |
| 22 | Amount of line 20 Related to Section 504 Compliance | |
| 23 | Amount of line 20 Related to Security | \$5,000.00 |
| 24 | Amount of line 20 Related to Energy Conservation Measures | |

Annual Statement Capital Fund Program (CFP) Part II: Supporting Table

| Development Number/Name HA-Wide Activities | General Description of Major Work Categories | Development Account Number | Total Estimated Cost |
|--|--|----------------------------------|------------------------------------|
| | Administration Fees & Cost Repair & Repaint Interior Walls – 6 units | 1410 1430 1460 | \$5,000.00 2,000.00 9,000.00 |

| | Re-Roof Units (3 units) Install A/C (12 units) Replace Waterline | | 1460 1460 1450 | 18,000.00 4,200.00 3,000.00 |
|----------|--|-------|----------------------|-------------------------------------|
| FL-028-2 | Install A/C – 106 units | | 1460 | 39,100.00 |
| FL028-2 | Replace Waterline Re-Roof Units (15 units) Repair & Repaint Interior Units | | 1460 1460 1460 | 15,000.00 70,000.00 50,000.00 |
| | Replace Scooter Security Lights | | 1475 1450 | 5,000.00 5,000.00 |
| | | | | |
| | | | | |
| | | | | |
| | | TOTAL | | \$225,300.00 |

Annual Statement Capital Fund Program (CFP) Part III: Implementation Schedule

| Development Number/Name HA-Wide Activities | All Funds Obligated (Quarter Ending Date) | All Funds Expended (Quarter Ending Date) |
|--|--|--|
| Fl-028 1&2 | 12/01 | 12/02 |
| | | |

| (2) Optional 5-Year Action Plan |
|--|
| Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template OR by completing and attaching a properly updated HUD-52834. |
| a. Yes X No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B) |
| o. If yes to question a, select one: The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name or- |
| The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here) |
| |

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

| Yes X No: | a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)b) Status of HOPE VI revitalization grant (complete one set of questions for each grant) |
|-----------|---|
| 1. | Development name: |
| | Development (project) number: |
| | Status of grant: (select the statement that best describes the current status) Revitalization Plan under development |
| | Revitalization Plan submitted, pending approval |
| | Revitalization Plan approved |
| | Activities pursuant to an approved Revitalization Plan underway |
| Yes X No: | c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year? If yes, list development name/s below: |
| Yes X No: | d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below: |
| Yes X No: | e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below: |

8. Demolition and Disposition

| [24 CFR Part 903.7 9 (h)] | |
|--------------------------------------|---|
| | nt 8: Section 8 only PHAs are not required to complete this section. |
| application of compone | in o. Beetion o only 1111 is the not required to complete this section. |
| 1. Yes X No: | Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to component 9; if "yes", complete one activity description for each development.) |
| 2. Activity Description | on |
| Yes No: | Has the PHA provided the activities description information in the optional Public Housing Asset Management Table? (If "yes", skip to component 9. If "No", complete the Activity Description table below.) |
| | Demolition/Disposition Activity Description |
| 1a. Development nan | |
| 1b. Development (pro | oject) number: |
| 2. Activity type: Den | nolition |
| Dispos | |
| 3. Application status | (select one) |
| Approved _ | |
| | nding approval |
| Planned appli | |
| | pproved, submitted, or planned for submission: (DD/MM/YY) |
| 5. Number of units af | |
| Coverage of action | · · |
| Part of the develo | |
| Total development | |
| 7. Timeline for activ | · · |
| • | rojected start date of activity: |
| b. Projected e | nd date of activity: |

9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities [24 CFR Part 903.7 9 (i)] Exemptions from Component 9; Section 8 only PHAs are not required to complete this section. 1. Yes X No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If "No", skip to component 10. If "yes", complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.) 2. Activity Description ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the optional Public Housing Asset Management Table? If "yes", skip to component 10. If "No", complete the Activity Description table below. **Designation of Public Housing Activity Description** 1a. Development name: 1b. Development (project) number: 2. Designation type: Occupancy by only the elderly Occupancy by families with disabilities Occupancy by only elderly families and families with disabilities 3. Application status (select one) Approved; included in the PHA's Designation Plan Submitted, pending approval Planned application [4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY) 5. If approved, will this designation constitute a (select one) New Designation Plan Revision of a previously-approved Designation Plan? 6. Number of units affected: 7. Coverage of action (select one) Part of the development Total development

10. Conversion of Public Housing to Tenant-Based Assistance

| [24 | CFR | Part | 903 | 7 | 9 | (i)1 |
|-----|-----|------|-----|---|---|------|

[24 CFR Part 903.7 9 (j)] Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

| | Reasonable Revitalization Pursuant to section 202 of the HUD F priations Act | Y 1996 |
|-----------------------|--|-----------------------------|
| 1. Yes X No: | Have any of the PHA's developments or portions of development identified by HUD or the PHA as covered under section 202 of the FY 1996 HUD Appropriations Act? (If "No", skip to component "yes", complete one activity description for each identified development unless eligible to complete a streamlined submission. PHAs computed submissions may skip to component 11.) | ne HUD 11; if opment, |
| 2. Activity Descripti | ion | |
| Yes No: | Has the PHA provided all required activity description informatio component in the optional Public Housing Asset Management Ta "yes", skip to component 11. If "No", complete the Activity Describble below. | ble? If |
| Con | version of Public Housing Activity Description |] |
| 1a. Development nar | ne: | |
| 1b. Development (pr | oject) number: | |
| 2. What is the status | of the required assessment? | |
| <u> </u> | ent underway | |
| | ent results submitted to HUD | |
| | ent results approved by HUD (if marked, proceed to next | |
| question | | |
| U Other (ex | plain below) | |
| 3. Yes No: Is | s a Conversion Plan required? (If yes, go to block 4; if no, go to | |
| block 5.) | 1 | |
| 4. Status of Convers | ion Plan (select the statement that best describes the current | |
| status) | | |
| | on Plan in development | |
| | on Plan submitted to HUD on: (DD/MM/YYYY) | |
| | on Plan approved by HUD on: (DD/MM/YYYY) | |
| Activities | s pursuant to HUD-approved Conversion Plan underway | |
| 5. Description of ho | w requirements of Section 202 are being satisfied by means other | |
| than conversion (sele | | |
| Units add | dressed in a pending or approved demolition application (date | |
| | submitted or approved: | |
| Units add | dressed in a pending or approved HOPE VI demolition application | |
| | (date submitted or approved:) | |

| Units addressed in a pending or approved HOPE VI Revitalization Plan | |
|--|--|
| (date submitted or approved:) | |
| Requirements no longer applicable: vacancy rates are less than 10 percent | |
| Requirements no longer applicable: site now has less than 300 units | |
| Uther: (describe below) | |
| | |
| | |
| B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937 | |
| | |
| | |
| C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937 | |

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)] A. Public Housing Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A. 1. Yes X No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If "No", skip to component 11B; if "yes", complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.) 2. Activity Description ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the optional Public Housing Asset Management Table? (If "yes", skip to component 12. If "No", complete the Activity Description table below.) **Public Housing Homeownership Activity Description** (Complete one for each development affected) 1a. Development name: 1b. Development (project) number: 2. Federal Program authority: HOPE I 5(h)

1a. Development (project) number: 2. Federal Program authority: HOPE I 5(h) Turnkey III Section 32 of the USHA of 1937 (effective 10/1/99) 3. Application status: (select one) Approved; included in the PHA's Homeownership Plan/Program Submitted, pending approval Planned application 4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY) 5. Number of units affected: 6. Coverage of action: (select one) Part of the development Total development

B. Section 8 Tenant Based Assistance

| 1. Yes X No: | Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to component 12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. High performing PHAs may skip to component 12.) |
|---|--|
| 2. Program Description | on: |
| a. Size of Program Yes No: | Will the PHA limit the number of families participating in the section 8 homeownership option? |
| of participants 25 or f 26 - 50 51 to 1 | to the question above was yes, which statement best describes the number of (select one) we participants participants on participants han 100 participants |
| 8 | ligibility criteria the PHA's program have eligibility criteria for participation in its Section Homeownership Option program in addition to HUD criteria? yes, list criteria below: |

12. PHA Community Service and Self-sufficiency Programs [24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

A. PHA Coordination with the Welfare (TANF) Agency

| | ve agreements: No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)? |
|---|--|
| | If yes, what was the date that agreement was signed? <u>DD/MM/YY</u> |
| Clien Inform Coord eligib Jointl Partne | rdination efforts between the PHA and TANF agency (select all that apply) treferrals mation sharing regarding mutual clients (for rent determinations and otherwise) dinate the provision of specific social and self-sufficiency services and programs to the families y administer programs er to administer a HUD Welfare-to-Work voucher program administration of other demonstration program (describe) |
| | and programs offered to residents and participants eneral |
| a. Se Whice | If-Sufficiency Policies h, if any of the following discretionary policies will the PHA employ to enhance the omic and social self-sufficiency of assisted families in the following areas? (select at apply) Public housing rent determination policies Public housing admissions policies Section 8 admissions policies Preference in admission to section 8 for certain public housing families Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA Preference/eligibility for public housing homeownership option participation Preference/eligibility for section 8 homeownership option participation Other policies (list below) |
| h Fo | conomic and Social self-sufficiency programs |

| Yes No: | Does the PHA coordinate, promote or provide any programs to |
|---------|---|
| | enhance the economic and social self-sufficiency of residents? (If |
| | "yes", complete the following table; if "no" skip to sub-component 2, |
| | Family Self Sufficiency Programs. The position of the table may be |
| | altered to facilitate its use.) |
| | ancieu to facilitate its use. |

| Services and Programs | | | | |
|---|-------------------|---|--|--|
| Program Name & Description (including location, if appropriate) | Estimated Size | Allocation Method (waiting list/random selection/specific criteria/other) | Access (development office / PHA main office / other provider name) | Eligibility (public housing or section 8 participants or both) |
| | | | | |
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(2) Family Self Sufficiency program/s

| a. Participation Description | | | |
|---|---|---|--|
| Family Self Sufficiency (FSS) Participation | | | |
| Program | Required Number of Participants (start of FY 2000 Estimate) | Actual Number of Participants (As of: DD/MM/YY) | |
| Public Housing | | | |
| Section 8 | | | |
| b. Yes No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size? If no, list steps the PHA will take below: | | | |
| C. Welfare Benefit Reductions | | | |

| 1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing | | | |
|--|--|--|--|
| Act of 1937 (relating to the treatment of income changes resulting from welfare program | | | |
| requirements) by: (select all that apply) | | | |
| Adopting appropriate changes to the PHA's public housing rent determination policies | | | |
| and train staff to carry out those policies | | | |
| Informing residents of new policy on admission and reexamination | | | |
| Actively notifying residents of new policy at times in addition to admission and | | | |
| reexamination. | | | |
| Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services | | | |
| Establishing a protocol for exchange of information with all appropriate TANF agencies | | | |
| Other: (list below) | | | |
| Unit delow) | | | |
| | | | |
| | | | |
| D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. | | | |
| Housing Act of 1937 | | | |
| | | | |

13. PHA Safety and Crime Prevention Measures [24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

A. Need for measures to ensure the safety of public housing residents

| 1. | Describe the need for measures to ensure the safety of public housing residents (select all that apply) |
|--------|---|
| X | High incidence of violent and/or drug-related crime in some or all of the PHA's developments |
| X | High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments |
| X X | Residents fearful for their safety and/or the safety of their children |
| X | People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime |
| | |
| 2. | What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply). |
| X | |
| X | Analysis of crime statistics over time for crimes committed "in and around" public housing authority |
| X | |
| | |
| X X | |
| Λ X | i |
| 71 | programs |
| | |
| 3. | Which developments are most affected? (list below) *PHA Wide* |
| | 1 11/1 11 WU |

B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year

| List the crime prevention activities the PHA has undertaken or plans to undertake: (select all hat apply) Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities Crime Prevention Through Environmental Design Activities targeted to at-risk youth, adults, or seniors Volunteer Resident Patrol/Block Watchers Program Other (describe below) |
|--|
| 2. Which developments are most affected? (list below) PHA Wide |
| C. Coordination between PHA and the police |
| Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply) |
| Police involvement in development, implementation, and/or ongoing evaluation of drug- elimination plan |
| Police provide crime data to housing authority staff for analysis and action |
| Police have established a physical presence on housing authority property (e.g., |
| community policing office, officer in residence) K Police regularly testify in and otherwise support eviction cases |
| Police regularly meet with the PHA management and residents |
| Agreement between PHA and local law enforcement agency for provision of above- |
| baseline law enforcement services Other activities (list below) |
| 2. Which developments are most affected? (list below) |
| PHA Wide |
| D. Additional information as required by PHDEP/PHDEP Plan |
| PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to eccipt of PHDEP funds. |
| Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan? |
| X Yes No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan? |
| X Yes No: This PHDEP Plan is an Attachment.(Attachment Filename: <i>At end of the Template</i>) |
| |

14. RESERVED FOR PET POLICY

| [24 CFR Part 903.7 9 (n)] | | | |
|---------------------------------|--|--|--|
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| 15. Civil Rights Certifications | | | |

| [24 CFR Part 903.7 9 (o)] | | |
|---|--|--|
| Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations. | | |
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| 16. Fiscal Audit | | |

| [24 CFR Part 903.7 9 (p)] |
|---|
| 1. X Yes No: Is the PHA required to have an audit conducted under section |
| 5(h)(2) of the U.S. Housing Act of 1937 (42 U S.C. 1437c(h))? |
| (If no, skip to component 17.) |
| 2. X Yes No: Was the most recent fiscal audit submitted to HUD? |
| 3. X Yes No: Were there any findings as the result of that audit? |
| 4. Yes X No: If there were any findings, do any remain unresolved? |
| If yes, how many unresolved findings remain?2_ |
| 5. X Yes No: Have responses to any unresolved findings been submitted to HUD? |
| If not, when are they due (state below)? |

17. PHA Asset Management [24 CFR Part 903.7 9 (q)]

| Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component. |
|--|
| 1. Yes X No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have not been addressed elsewhere in this PHA Plan? |
| 2. What types of asset management activities will the PHA undertake? (select all that apply) X Not applicable Private management Development-based accounting Comprehensive stock assessment Other: (list below) |
| 3. Yes No: Has the PHA included descriptions of asset management activities in the optional Public Housing Asset Management Table? |

18. Other Information [24 CFR Part 903.7 9 (r)]

| A. Re | esident Advisory | Board Recommendations | | |
|--------------|--|--|--|--|
| 1. 🗌 | | the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s? | | |
| 2. If y □ | If yes, the comments are: (if comments were received, the PHA MUST select one) Attached at Attachment (File name) Provided below: | | | |
| 3. In v | Considered com | the PHA address those comments? (select all that apply) aments, but determined that no changes to the PHA Plan were necessary. The period of the PHA Plan in response to comments low: | | |
| | Other: (list belo | w) | | |
| B. De | scription of Elec | ction process for Residents on the PHA Board | | |
| 1. | Yes X No: | Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.) | | |
| 2. 🗌 | Yes X No: | Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.) | | |
| 3. Desc | cription of Resident I | Election Process | | |
| a. Nor | Candidates were Candidates coul | dates for place on the ballot: (select all that apply) e nominated by resident and assisted family organizations d be nominated by any adult recipient of PHA assistance a: Candidates registered with the PHA and requested a place on ballot | | |
| b. Eli | Any head of hou Any adult recipi | (select one) f PHA assistance usehold receiving PHA assistance tent of PHA assistance ber of a resident or assisted family organization | | |
| c. Eli | gible voters: (sele | ect all that apply) | | |

| | All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance) Representatives of all PHA resident and assisted family organizations Other (list) |
|----------|--|
| | atement of Consistency with the Consolidated Plan |
| For each | n applicable Consolidated Plan, make the following statement (copy questions as many times as necessary). |
| 1. Cor | nsolidated Plan jurisdiction: State of Florida |
| | PHA has taken the following steps to ensure consistency of this PHA Plan with the isolidated Plan for the jurisdiction: (select all that apply) |
| X | The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s. |
| X | The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan. |
| X | The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan. |
| X | Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below) To provide housing to eligible residents that is safe, sanitary, and affordable to meet the needs of the residents. |
| | Other: (list below) |
| 4. The | Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below) To assist eligible residents to obtain safe, sanitary and decent housing which is affordable and assist residents with economic opportunity. |
| D. Ot | her Information Required by HUD |
| Use this | section to provide any additional information requested by HUD. |
| | |

Attachments

Use this section to provide any additional attachments referenced in the Plans.

Housing Authority of the City of Pompano Beach Income Targeting and Tenant Selection and Assignment (Section – 513)

The primary goals of this policy are to:

- 1- Prohibition of concentration of low-income families in public housing and
- 2- Income targeting.

The Housing Authority of the City of Pompano Beach may not concentrate very low-income families in public housing units in certain public housing projects or certain buildings within projects. The Housing Authority of the City of Pompano Beach will submit with its annual PHA plan an admission policy designed to provide for deconcentration of poverty and income-mixing by bringing higher income tenant into lower income projects and lower income tenants into higher income projects. The Housing Authority of the City of Pompano Beach may offer incentives for eligible families having higher incomes to occupy dwelling units in projects predominantly occupied be eligible families having lower incomes and provide for occupancy of eligible families having lower incomes in projects predominantly occupied by eligible families having higher incomes. The skipping of a family on the waiting list to reach another family to implement deconcentration will be utilized as permitted by HUD. This policy will not interfere with the use of site-based waiting list.

Not less than 40% of new families will have incomes at or below 30% of the area median income.

Other admissions will be at or below 80% of the area median income.

Fundability will be allowed only to the extent that relatively higher income families move into public housing units in census tracts having a poverty rate of at least 30%.

This Income Targeting and Tenant Selection and Assignment Policy is in accordance with the Summary of the Q.H.W.R.A. of 1998 as prepared by the Office of Policy, Program and Legislation Initiatives and is established for the Housing Authority of the City of Pompano Beach, by action of the Board of Commissioners.

Housing Authority of the City of Pompano Beach Policy for the Implementation of Community Service and Self Sufficiency Requirements

The Housing Authority of the City of Pompano Beach, to meet the Community Service requirements, offers the Public Housing Resident and opportunity to contribute to the community that supports them.

The community service opportunities, or locations, will include but are not limited to: within the jurisdiction; activities to improve the physical environment of the resident's development; volunteer work in local schools, hospitals, child care centers or approved non-profit social service agencies. No resident will perform community service with any political affiliation or activities.

The PHA can administer its own community service program, form cooperative relationship with other entities in order to make opportunities available for residents, or contract the entire community service program to a third party. The PHA retains full authority and responsibility to assure contract compliance, should the program be contracted to a third party. Should a forprofit, third party be utilized, the PHA should ensure that the administration that oversees the program does not have a financial interest in the entity, where community service participants are assigned.

The PHA will, to the extent possible, attempt to ensure that the conditions under which the work is to be performed are not otherwise hazardous, that the work is not labor that would be performed by the PHA's employees responsible for essential maintenance and property service, or that the work is otherwise unacceptable.

Should the PHA have a self-sufficiency program, the self-sufficiency program activities may, if acceptable, be substituted for the community service requirements

Housing Authority of the City of Pompano Beach Definition of "Substantial Deviation" and "Significant Amendment or Modification" The Housing Authority of the City of Pompano Beach, to meet the requirement of Final Rule 903.7(r) and PIH 99-51, pertaining to "Substantial Deviation" and "Significant Amendment or Modification," offers the following:

- A. A substantial deviation from its Five-Year Plan; and a significant amendment or modification to its Five-Year Plan and Annual Plan.
- B. Changes to rent or admissions policies or organization of the waiting list.
- C. Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund.
- D. Additions of new activities not included in the current PHDEP Plan.
- E. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

Any substantial deviation from the Mission Statement and/or Goals and Objectives presented in the Five-Year Plan that cause changes in the services provided to residents or significant changes to the Agency's financial situation will be documented in subsequent Agency Plans.

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements offered by HUD.

Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Annual PHDEP Plan Table of Contents:

2001 Annual & 5-Year Plan Page 60

| 1. General Information/History | | |
|--|--|---|
| 2. PHDEP Plan Goals/Budget 3. Milestones | | |
| 3. Milestones4. Certifications | | |
| 4. Certifications | | |
| Section 1: General Information/History | | |
| A. Amount of PHDEP Grant \$_25,953.00 | _ | |
| | N2 R_ | X |
| C. FFY in which funding is requested2001 D. Executive Summary of Annual PHDEP Plan | | |
| In the space below, provide a brief overview of the PHDI | FP Plan including highligh | ts of major initiatives or |
| activities undertaken. It may include a description of the | | |
| five (5) sentences long | | |
| | | |
| The PHA contract with a local security agency to provide | de security services. The ba | ulance is used to provide grant |
| administration and program oversight. | | |
| E. Target Areas | | |
| Complete the following table by indicating each PHDEP | Target Area (development | or site where activities will be |
| conducted), the total number of units in each PHDEP Tar | | |
| participate in PHDEP sponsored activities in each Target | · Area | |
| participate in PHDEP sponsored activities in each Target | . Tilcu. | |
| | | |
| PHDEP Target Areas | Total # of Units within | Total Population to |
| | Total # of Units within the PHDEP Target | be Served within |
| PHDEP Target Areas | Total # of Units within | be Served within the PHDEP Target |
| PHDEP Target Areas | Total # of Units within the PHDEP Target | be Served within |
| PHDEP Target Areas (Name of development(s) or site) | Total # of Units within the PHDEP Target Area(s) | be Served within the PHDEP Target Area(s) |
| PHDEP Target Areas (Name of development(s) or site) | Total # of Units within the PHDEP Target Area(s) | be Served within the PHDEP Target Area(s) |
| PHDEP Target Areas (Name of development(s) or site) | Total # of Units within the PHDEP Target Area(s) | be Served within the PHDEP Target Area(s) |
| PHDEP Target Areas (Name of development(s) or site) PHA WIDE F. Duration of Program | Total # of Units within the PHDEP Target Area(s) | be Served within the PHDEP Target Area(s) |
| PHDEP Target Areas (Name of development(s) or site) PHA WIDE F. Duration of Program Indicate the duration (number of months funds will be recommended) | Total # of Units within the PHDEP Target Area(s) 118 quired) of the PHDEP Prog | be Served within the PHDEP Target Area(s) 235 ram proposed under this Plan |
| PHDEP Target Areas (Name of development(s) or site) PHA WIDE F. Duration of Program | Total # of Units within the PHDEP Target Area(s) 118 quired) of the PHDEP Prog | be Served within the PHDEP Target Area(s) 235 ram proposed under this Plan |
| PHDEP Target Areas (Name of development(s) or site) PHA WIDE F. Duration of Program Indicate the duration (number of months funds will be rec (place an "x" to indicate the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of the length of program by # of months funds will be reconstructed by the state of the length of | Total # of Units within the PHDEP Target Area(s) 118 quired) of the PHDEP Progonths. For "Other", identification of the PHDEP Programmer of the PHDE | be Served within the PHDEP Target Area(s) 235 ram proposed under this Plan by the # of months). |
| PHDEP Target Areas (Name of development(s) or site) PHA WIDE F. Duration of Program Indicate the duration (number of months funds will be recommended) | Total # of Units within the PHDEP Target Area(s) 118 quired) of the PHDEP Progonths. For "Other", identification of the PHDEP Programmer of the PHDE | be Served within the PHDEP Target Area(s) 235 ram proposed under this Plan by the # of months). |
| PHDEP Target Areas (Name of development(s) or site) PHA WIDE F. Duration of Program Indicate the duration (number of months funds will be rec (place an "x" to indicate the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of the length of program by # of months funds will be reconstructed by the state of the length of | Total # of Units within the PHDEP Target Area(s) 118 quired) of the PHDEP Progonths. For "Other", identification of the PHDEP Programmer of the PHDE | be Served within the PHDEP Target Area(s) 235 ram proposed under this Plan by the # of months). |
| PHDEP Target Areas (Name of development(s) or site) PHA WIDE F. Duration of Program Indicate the duration (number of months funds will be rec (place an "x" to indicate the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of the length of program by # of months funds will be reconstructed by the state of the length of | Total # of Units within the PHDEP Target Area(s) 118 quired) of the PHDEP Progonths. For "Other", identification of the PHDEP Programmer of the PHDE | be Served within the PHDEP Target Area(s) 235 ram proposed under this Plan by the # of months). |
| PHDEP Target Areas (Name of development(s) or site) PHA WIDE F. Duration of Program Indicate the duration (number of months funds will be rec (place an "x" to indicate the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of the length of program by # of months funds will be reconstructed by the state of the length of | Total # of Units within the PHDEP Target Area(s) 118 quired) of the PHDEP Progonths. For "Other", identification of the PHDEP Programmer of the PHDE | be Served within the PHDEP Target Area(s) 235 ram proposed under this Plan by the # of months). |
| PHDEP Target Areas (Name of development(s) or site) PHA WIDE F. Duration of Program Indicate the duration (number of months funds will be rec (place an "x" to indicate the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of program by # of months funds will be reconstructed by the state of the length of the length of program by # of months funds will be reconstructed by the state of the length of | Total # of Units within the PHDEP Target Area(s) 118 quired) of the PHDEP Progonths. For "Other", identification of the PHDEP Programmer of the PHDE | be Served within the PHDEP Target Area(s) 235 ram proposed under this Plan by the # of months). |

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs <u>have not</u> been closed out at the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place "GE" in column or "W" for waivers.

| Fiscal Year of Funding | PHDEP Funding Received | Grant # | Fund Balance as of Date of this Submission | Grant Extensions or Waivers | Anticipated Completion Date |
|---------------------------|------------------------------|---------------|--|--------------------------------------|-----------------------------------|
| FY 1996 | \$59,000.00 | FL29DEP028196 | 0 | None | Complete |
| FY 1997 | 0 | | | | |
| FY 1998 | 0 | | | | |
| FY1999 | \$25,593.00 | FLDEP0280199 | \$25,593.00 | None | 12/01 |
| FY 2000 | 0 | | | | |

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

To improve security and resident safety. To provide additional patrol and security. To properly administer the grant. The grant will be monitored by using police crime reports.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

| FY 2000 PHDEP Budget Summary | | | | | | | | |
|---|--------------|--|--|--|--|--|--|--|
| Budget Line Item Total Fundin | | | | | | | | |
| 9110 - Reimbursement of Law Enforcement | | | | | | | | |
| 9120 - Security Personnel | \$ 20,000.00 | | | | | | | |
| 9130 - Employment of Investigators | | | | | | | | |
| 9140 - Voluntary Tenant Patrol | | | | | | | | |
| 9150 - Physical Improvements | | | | | | | | |
| 9160 - Drug Prevention | | | | | | | | |
| 9170 - Drug Intervention | | | | | | | | |
| 9180 - Drug Treatment | | | | | | | | |
| 9190 - Other Program Costs | 5,000.00 | | | | | | | |
| | | | | | | | | |
| TOTAL PHDEP FUNDING | 25,000.00 | | | | | | | |

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

| 9110 - Reimbursement of Law Enforcement | | | | | Total PHI | EP Funding: | \$ |
|---|---------------------------|----------------------|---------------|------------------------------|-------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount/ Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9120 - Security Personnel | | | | | Total PHI | DEP Fundin | g: \$ 20,000.00 |
|---------------------------|---------------------------|----------------------|---------------|------------------------------|-------------------|---|------------------------|
| Goal(s) | Reduce d | rugs and drug rela | ted crime | | JI | | |
| Objectives | Additiona | al Patrols and secu | rity | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1.Patrols & Security | | | 1/01 | 6/02 | 20,000. | 0 | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9130 - Employment of Investigators | | | | | Total PHDEP Funding: \$ | | |
|------------------------------------|---------------------------|----------------------|---------------|------------------------------|-------------------------|---|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9140 - Voluntary Tenant Patrol | | | | | Total PHI | EP Fundin | g: \$ |
|--------------------------------|---------------------------|----------------------|---------------|------------------------------|-------------------|---|------------------------|
| Goal(s) | | | | | • | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9150 - Physical Improvements | | | | | Total PHDEP Funding: \$ | | |
|------------------------------|---------------------------|----------------------|---------------|------------------------------|-------------------------|---|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9160 - Drug Prevention | | | | | Total PHDEP Funding: \$ | | |
|------------------------|---------------------------|----------------------|---------------|------------------------------|-------------------------|---|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9170 - Drug Intervention | | | | | Total PHDEP Funding: \$ | | |
|--------------------------|---------------------------|----------------------|---------------|------------------------------|-------------------------|---|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | · | | | | | |
| 3. | | | | | | | |

| 9180 - Drug Treatment | | | | | Total PHI | EP Fundin | g: \$ |
|-----------------------|---------------------------|----------------------|---------------|------------------------------|-------------------|---|------------------------|
| Goal(s) | | | | | <u> </u> | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9190 - Other Program Costs | | | | Total PHDEP Funds: \$ 5,000.00 | | | |
|----------------------------|---------------------------|----------------------|---------------|--------------------------------|-------------------|---|------------------------|
| Goal(s) | Grant administration | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1.Activity #1 | | | 1/01 | 6/02 | 5,000. | 0 | |
| 2. | | | | | | | |
| 3. | | | | | | | |

Section 3: Expenditure/Obligation Milestones

Indicate by Budget Line Item and the Proposed Activity (based on the information contained in Section 2 PHDEP Plan Budget and Goals), the % of funds that will be expended (at least 25% of the total grant award) and obligated (at least 50% of the total grant award) within 12 months of grant execution.

| Budget Line | 25% Expenditure | Total PHDEP | 50% Obligation | Total PHDEP |
|--------------------|-------------------|------------------|-------------------|-------------------|
| Item # | of Total Grant | Funding | of Total Grant | Funding |
| | Funds By Activity | Expended (sum of | Funds by Activity | Obligated (sum of |
| | # | the activities) | # | the activities) |
| e.g Budget Line | Activities 1, 3 | | Activity 2 | |
| Item # 9120 | | | | |
| | | | | |
| 9110 | | | | |
| 9120 | Activity #1 | 7, 000.00 | Activity #1 | 15,000.00 |
| 9130 | | | | |
| 9140 | | | | |
| 9150 | | | | |
| 9160 | | | | |
| 9170 | | | | |
| 9180 | | | | |
| 9190 | Activity #1 | 2,000.00 | Activity #1 | 4,000.00 |
| | | | | |
| TOTAL | | \$ 9,000.00 | | \$ 19,000.00 |

Section 4: Certifications

A comprehensive certification of compliance with respect to the PHDEP Plan submission is included in the "PHA Certifications of Compliance with the PHA Plan and Related Regulations."

| | RESIDENT ADVISORY BOARD |
|---------------------|--|
| Members : | |
| Patricia Mack | |
| Jackie Lee | |
| Connie Owens | |
| | RESIDENT SERVING ON BOARD OF COMMISSIONERS |

Patricia Mack